		Case	19-31896	Doc 9		11/21/19 cument	Entered 11/21/1 Page 1 of 19	.9 12:29:	55 De	SC	Main
Fill	in this in	formati	on to identify	your case and th							
Deb	otor 1		David Wiggir		e Name		Last Name				
	otor 2 use, if filing)	_	First Name	Middle	e Name		Last Name				
•											
Unit	ted States	Bankru	uptcy Court for t	the: NORTHER	RN DISTI	RICT OF ILLIN	OIS				
Cas	se numbe	19-3	31896								Check if this is an amended filing
Sc n ea	ched	ule ,		scribe items. List			n asset fits in more than one are filing together, both are				
Answ	ver every o	uestion		•			top of any additional pages	, write your na	ame and case	e nun	nber (if known).
Part	Desci	ribe Eacl	h Residence, Bu	ilding, Land, or Ot	ther Real	Estate You Owi	n or Have an Interest In				
	No. Go to		property?								
1.1	5040 V		O1		What	is the property	? Check all that apply				
	Street add		n St ailable, or other desc	ription		Single-family he Duplex or multi Condominium of	-unit building	the amount of	of any secure	d clai	or exemptions. Put ms on Schedule D: ecured by Property.
	Chicag	JO	IL	60644-0000		Manufactured of Land	or mobile home	Current valuentire prope			rrent value of the rtion you own?
	City		State	ZIP Code		Investment pro	perty	\$129	9,000.00		\$129,000.00
						Timeshare Other					ownership interest by the entireties, or
					Who	has an interest	in the property? Check one	a life estate		- ,	• · · · · · · · · · · · · · · · · · · ·
						Debtor 1 only					
	Cook					Debtor 2 only					
	County								Check if this is community property (see instructions)		
								,			
						rintormation yo erty identificatio		ii, such as ioc	aı		

Official Form 106A/B Schedule A/B: Property page 1

Principal Residence

Case 19-31896 Doc 9 Filed 11/21/19 Entered 11/21/19 12:29:55 Desc Main Page 2 of 19 Document Case number (if known) 19-31896 Debtor 1 David Wiggins, Sr. If you own or have more than one, list here: 1.2 What is the property? Check all that apply 1015 Laham St Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative ■ Manufactured or mobile home Current value of the Current value of the MS 38901-0000 Grenada ■ Land entire property? portion you own? City State ZIP Code Investment property \$40,000.00 \$40,000.00 ☐ Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Grenada ☐ Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$169,000.00 pages you have attached for Part 1. Write that number here..... Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Dodge Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Stratus** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2005 Debtor 2 only Current value of the Current value of the 200000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only

3.1 Other information: At least one of the debtors and another \$700.00 \$700.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put **Toyota** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Tundra** Model ■ Debtor 1 only Creditors Who Have Claims Secured by Property. 2005 Year: Debtor 2 only Current value of the Current value of the 82000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2,000.00 \$2,000.00 ☐ Check if this is community property (see instructions)

Official Form 106A/B Schedule A/B: Property page 2

Case 19-31896 Doc 9 Filed 11/21/19 Entered 11/21/19 12:29:55 Desc Main Page 3 of 19 Document Case number (if known) 19-31896 Debtor 1 David Wiggins, Sr. 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,700.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$2,000.00 Personal possession in homes at liquidation value 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... 3 tvs \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Personal clothing \$500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$20.00 Watch

Case number (if known) 19-31896 Debtor 1 David Wiggins, Sr. 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2.820.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$120.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... \$8,000.00 Checking **Regions Bank** 17.1. **ABC Bank** \$1,100,00 17.2. Checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) 19-31896 Document

Debtor 1 David Wiggins, Sr.

		Pension	Current p	pension benefits		\$0.00
22		sed deposits you ha	ave made so that you may cor repaid rent, public utilities (ele			or others
	☐ Yes		Institution	name or individual:		
23	•	t for a periodic paym	nent of money to you, either fo	r life or for a number of	years)	
	■ No □ Yes	Issuer name and de	escription.			
24	. Interests in an educa 26 U.S.C. §§ 530(b)(1 ■ No		count in a qualified ABLE pro(b)(1).	ogram, or under a qua	lified state tuition progra	m.
	☐ Yes	Institution name an	d description. Separately file t	he records of any interes	sts.11 U.S.C. § 521(c):	
25	■ No		property (other than anythin	ng listed in line 1), and	rights or powers exercis	able for your benefit
	☐ Yes. Give specific					
26			secrets, and other intellect sites, proceeds from royalties a		ts	
	☐ Yes. Give specific	information about th	em			
27	 Licenses, franchises Examples: Building p No 		al intangibles enses, cooperative association	n holdings, liquor licens	es, professional licenses	
	☐ Yes. Give specific	information about th	em			
M	oney or property owe	d to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
28	. Tax refunds owed to □ No ■ Yes. Give specific i		em, including whether you alre	eady filed the returns an	d the tax years	
					_	
			Anticipated tax refund 2	2018	Federal	\$1,000.00
29	. Family support Examples: Past due No □ Yes. Give specific i		y, spousal support, child supp	ort, maintenance, divord	ce settlement, property sett	lement
30		ages, disability insu unpaid loans you m	rance payments, disability ber ade to someone else	nefits, sick pay, vacation	pay, workers' compensati	on, Social Security
31	. Interests in insurance Examples: Health, di		ance; health savings account	(HSA); credit, homeown	er's, or renter's insurance	
		urance company of e Company n	each policy and list its value. ame:	Beneficiar	y:	Surrender or refund value:

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Debtor 1	David Wiggins, Sr.	Document	Page (Case number (if known)	19-31896
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AARP Life	Daughter	\$0.00
 32. Any interest in property that is due you from someone who If you are the beneficiary of a living trust, expect proceeds from someone has died. ■ No □ Yes. Give specific information 		eive property because
33. Claims against third parties, whether or not you have filed a Examples: Accidents, employment disputes, insurance claims, ■ No		
 ☐ Yes. Describe each claim 34. Other contingent and unliquidated claims of every nature, in ■ No ☐ Yes. Describe each claim 	ncluding counterclaims of the debtor and rights to	set off claims
35. Any financial assets you did not already list ■ No □ Yes. Give specific information		
36. Add the dollar value of all of your entries from Part 4, inclufor Part 4. Write that number here		\$10,220.00
Part 5: Describe Any Business-Related Property You Own or Have an I	nterest In. List any real estate in Part 1.	
37. Do you own or have any legal or equitable interest in any business-re	elated property?	
■ No. Go to Part 6. ☐ Yes. Go to line 38.		
Part 6: Describe Any Farm- and Commercial Fishing-Related Property If you own or have an interest in farmland, list it in Part 1.	You Own or Have an Interest In.	
 46. Do you own or have any legal or equitable interest in any fa ■ No. Go to Part 7. □ Yes. Go to line 47. 	rm- or commercial fishing-related property?	
Part 7: Describe All Property You Own or Have an Interest in That	You Did Not List Above	
53. Do you have other property of any kind you did not already <i>Examples:</i> Season tickets, country club membership ■ No	list?	
☐ Yes. Give specific information		
54. Add the dollar value of all of your entries from Part 7. Write	e that number here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Case number (if known) 19-31896 Document

Debtor 1 David Wiggins, Sr.

Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$169,000.00
56.	Part 2: Total vehicles, line 5	\$2,700.00		
57.	Part 3: Total personal and household items, line 15	\$2,820.00		
58.	Part 4: Total financial assets, line 36	\$10,220.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$15,740.00	Copy personal property total	\$15,740.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$184,740.00

Official Form 106A/B Schedule A/B: Property page 7

Fill in this info	ormation to identify your	case:		
Debtor 1	David Wiggins, S	r.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number	19-31896			
(if known)				☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property Portion you own Copy the value from Schedule A/B	* * * * * * * * * * * * * * * * * * * *	•	• •		
Schedule A/B Sche			Amount of the exemption you claim		Specific laws that allow exemption
Line from Schedule A/B: 3.1 2005 Toyota Tundra 82000 miles Line from Schedule A/B: 3.2 \$2,000.00 Personal possession in homes at liquidation value Line from Schedule A/B: 6.1 \$300.00			Che	ck only one box for each exemption.	
2005 Toyota Tundra 82000 miles Line from Schedule A/B: 3.2 Personal possession in homes at liquidation value Line from Schedule A/B: 6.1 \$2,000.00 \$1,700.00 100% of fair market value, up to any applicable statutory limit \$2,000.00 100% of fair market value, up to any applicable statutory limit \$2,000.00 100% of fair market value, up to any applicable statutory limit \$3 tvs Line from Schedule A/B: 7.1 \$300.00 100% of fair market value, up to any applicable statutory limit \$300.00 100% of fair market value, up to any applicable statutory limit \$300.00		\$700.00		\$700.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.2 Personal possession in homes at liquidation value Line from Schedule A/B: 6.1 \$2,000.00 100% of fair market value, up to any applicable statutory limit \$2,000.00 100% of fair market value, up to any applicable statutory limit \$3 tvs Line from Schedule A/B: 7.1 \$300.00 \$300.00 100% of fair market value, up to any applicable statutory limit \$300.00 100% of fair market value, up to any applicable statutory limit Personal clothing Line from Schedule A/B: 11.1 \$500.00 \$500.00 735 ILCS 5/12-1001(a)				· · · · · · · · · · · · · · · · · · ·	
Personal possession in homes at liquidation value Line from Schedule A/B: 6.1 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$2,000.00 \$100% of fair market value, up to any applicable statutory limit \$3 tvs Line from Schedule A/B: 7.1 \$300.00 \$300.00 \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00		\$2,000.00		\$1,700.00	735 ILCS 5/12-1001(c)
liquidation value Line from Schedule A/B: 6.1 3 tvs Line from Schedule A/B: 7.1 \$300.00	.nie nom Schedule A.B. 3.2			· · · · · · · · · · · · · · · · · · ·	
Line from Schedule A/B: 6.1 3 tvs Line from Schedule A/B: 7.1 \$300.00 \$300.00 \$300.00 \$300.00 \$100% of fair market value, up to any applicable statutory limit \$300.00 \$100% of fair market value, up to any applicable statutory limit Personal clothing Line from Schedule A/B: 11.1	•	\$2,000.00		\$2,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Personal clothing \$500.00 \$500.00 \$500.00 \$500.00 \$11.1	•				
Personal clothing Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit \$500.00 \$500.00 \$500.00 735 ILCS 5/12-1001(a)		\$300.00		\$300.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 11.1	and nom deflectate A.B. 111				
_	•	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
☐ 100% of fair market value, up to any applicable statutory limit	and none deflectation PVD.			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 David Wiggins, Sr. Page 9 of 19

Case number (if known) 19-31896

0010.	Baria rriggino, on				10 01000
	ef description of the property and line on hedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	atch e from <i>Schedule A/B</i> : 12.1	\$20.00		\$20.00	735 ILCS 5/12-1001(b)
	e nom <i>senedale A.D.</i> 1211			100% of fair market value, up to any applicable statutory limit	
Ca	sh e from Schedule A/B: 16.1	\$120.00		\$120.00	735 ILCS 5/12-1001(b)
Line	e nom <i>schedule Alb.</i> 10.1			100% of fair market value, up to any applicable statutory limit	
	ecking: Regions Bank e from Schedule A/B: 17.1	\$8,000.00		\$1,560.00	735 ILCS 5/12-1001(b)
LIII	e IIOIII <i>Scriedule AVB.</i> 17-1			100% of fair market value, up to any applicable statutory limit	
	necking: ABC Bank ne from Schedule A/B: 17.2			\$0.00	735 ILCS 5/12-1001(b)
LIII	e IIOIII <i>Schedule AVB.</i> 11.2			100% of fair market value, up to any applicable statutory limit	
	ARP Life	\$0.00		\$0.00	215 ILCS 5/238
	e from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every			led on or after the date of adjustmen	nt.)
	No				
	Yes. Did you acquire the property cove	red by the exemption w	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

		Document	Page 10	of 19		
Fill in this information	on to identify yo	ur case:				
Debtor 1	David Wiggins,	Sr				
	irst Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) F	First Name	Middle Name	Last Name			
United States Bankru	ptcy Court for the	: NORTHERN DISTRICT OF ILL	INOIS			
Case number 19-3	31896					
(if known)					☐ Check	if this is an
,					ameno	led filing
Official Forms 1	000					
Official Form 1			_			
Schedule D:	Creditors	Who Have Claims	Secured	by Property	y	12/15
		If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors hav	e claims secured b	v vour property?				
		this form to the court with your other	schedules. Yo	ou have nothing else to	o report on this form.	
_	of the information	•	conoccio. To	ou navo noumig oloo u	o roport on timo tonni.	
		below.				
	ecured Claims			Column A	Column B	Column C
		more than one secured claim, list the cre s a particular claim, list the other creditor		Amount of claim	Value of collateral	Unsecured
		ical order according to the creditor's name		Do not deduct the	that supports this	portion
2.1 TCF National	Bank	Describe the property that secures	the claim:	value of collateral. \$106,109.00	claim \$129,000.00	If any \$0.00
Creditor's Name		5843 W Huron St Chicago, I		<u> </u>	<u> </u>	
		Cook County				
		Principal Residence				
801 Marquett	e Ave	As of the date you file, the claim is: apply.	Check all that			
Minneapolis,	MN 55402	Contingent				
Number, Street, City	, State & Zip Code	Unliquidated				
Who owes the debt?	Charle and	☐ Disputed Nature of lien. Check all that apply.				
_	Check one.	☐ An agreement you made (such as	mortaga or oos	urad		
Debtor 1 only		car loan)	mongage or sec	curea		
☐ Debtor 2 only☐ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
At least one of the de		☐ Judgment lien from a lawsuit	chanic s nem			
☐ Check if this claim		Other (including a right to offset)				
community debt		, ,				
	Opened					
	11/03 Last					
	Active		0004			
Date debt was incurred	5/15/17	Last 4 digits of account num	ber 8001			
Add the dollar value	of your entries in (Column A on this page. Write that num	her here	\$106,10	9 00	
	-	the dollar value totals from all pages.				
Write that number he	ere:			\$106,10	9.00	
Part 2: List Others	to Be Notified fo	or a Debt That You Already Listed				
Use this page only if y	ou have others to b	pe notified about your bankruptcy for	a debt that you	already listed in Part 1.	For example, if a collec	tion agency is
		owe to someone else, list the creditor to the total to the tyou listed in Part 1, list the additional to the total total to the total tota				
debts in Part 1, do not			Jicanois iidit	you do not nave dut	annoniai persons to be lit	Janica for any
\square						
Name, Number, Cohen Jutla	Street, City, State &	∠ıp Code	On whic	ch line in Part 1 did you er	nter the creditor? 2.1	
10729 W 159			Last 4 d	ligits of account number		
Orland Park				<u> </u>		

	Case 19-31090 L	Documen			Jest Main
Fill in this	information to identify your				
Debtor 1	David Wiggins, S	r_			
	First Name	Middle Name	Last Name	_	
Debtor 2	g) First Name	Middle Nove	Loot Name		
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Case numb	er 19-31896				
(if known)				1	☐ Check if this is an
					amended filing
Official F	Form 106E/F				
	le E/F: Creditors W	ho Have Unsecur	rad Claims		12/15
				Part 2 for creditors with NONPRIORIT	
Schedule G: Schedule D: eft. Attach th name and ca	Executory Contracts and Unexp Creditors Who Have Claims Sec the Continuation Page to this pag se number (if known).	ired Leases (Official Form 106 ured by Property. If more spa e. If you have no information	6G). Do not include ce is needed, copy	contracts on Schedule A/B: Property (or any creditors with partially secured cl the Part you need, fill it out, number the do not file that Part. On the top of any	aims that are listed in e entries in the boxes on the
	ist All of Your PRIORITY Un				
•	creditors have priority unsecure	d claims against you?			
	Go to Part 2.				
☐ Yes.					
Part 2:	ist All of Your NONPRIORIT	Y Unsecured Claims			
	creditors have nonpriority unsec				
_ `	ou have nothing to report in this p		t with your other sch	odulos	
_	Tou have nothing to report in this p	art. Submit this form to the cour	t with your other sche	ruules.	
Yes.					
unsecure	ed claim, list the creditor separately	y for each claim. For each claim	listed, identify what t	b holds each claim. If a creditor has more ype of claim it is. Do not list claims alread three nonpriority unsecured claims fill on	dy included in Part 1. If more
					Total claim
4.1 Ca	pital One	Last 4 digits of	of account number	0408	\$4,579.55
	priority Creditor's Name			0	
	n: Bankruptcy Box 30285	When was the	e debt incurred?	Opened 02/00 Last Active 11/13/18	
	It Lake City, UT 84130	When was the	debt incurred:	11/13/10	
Nur	mber Street City State Zip Code	As of the date	you file, the claim	s: Check all that apply	
Wh	o incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidate	d		
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and and	5.1101	PRIORITY unsecured	d claim:	
	Check if this claim is for a com				
deb Is ti	ot he claim subject to offset?	☐ Obligations report as priori		ration agreement or divorce that you did	not
				g plans, and other similar debts	
_		•	•		
Ц	169	Other. Spec	CITY CITY CALL	•	

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Case number (# known) 19-31896

Debtor	David Wi	ggins, Sr.	——————	Case n	umber (if known)	19-31896	
	Citi/Sears		Last 4 digits of account number	5329)	_	\$4,329.82
	Nonpriority Cre Citibank/Ce Po Box 790 St Louis, M	entralized Bankruptcy 034	When was the debt incurred?	Oper 11/20	ned 05/92 Last 0/18	Active	
=	Number Street	City State Zip Code the debt? Check one.	As of the date you file, the claim	is: Check	k all that apply		
	■ Debtor 1 on		Continuent				
	_	•	☐ Contingent				
	Debtor 2 on	•	☐ Unliquidated				
	Debtor 1 an	•	Disputed	d ala!			
		of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	u ciaiiii:			
	☐ Check if thi	is claim is for a community					
		bject to offset?	Obligations arising out of a separeport as priority claims	aration ag	greement or divorce t	that you did not	
	■ No	,	Debts to pension or profit-sharin	na plans.	and other similar del	bts	
	☐ Yes		■ Other. Specify Credit Card	•			
	Rgs Finance Nonpriority Cre		Last 4 digits of account number	7225	<u> </u>	_	\$0.00
	Attn: Bankı Po Box 852 Richardsor	039	When was the debt incurred?	Oper	ned 07/17		
		City State Zip Code	As of the date you file, the claim	is: Check	k all that apply		
	Who incurred	the debt? Check one.					
	Debtor 1 on	ly	☐ Contingent				
	Debtor 2 on	lv	☐ Unliquidated				
	Debtor 1 and Debtor 2 only		☐ Disputed				
	_	of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
		is claim is for a community	☐ Student loans				
	debt	_	☐ Obligations arising out of a sepa	aration ag	greement or divorce t	that you did not	
	_	bject to offset?	report as priority claims				
	■ No		Debts to pension or profit-sharing				
	☐ Yes		Other. Specify Collection	Attorn	ey Tcf National	Bank	
Part 3:	List Others	s to Be Notified About a Deb	t That You Already Listed				
is tryin have n notifie	ng to collect from nore than one of d for any debts	m you for a debt you owe to sor creditor for any of the debts that in Parts 1 or 2, do not fill out or		Parts 1	or 2, then list the c	ollection agency h	ere. Similarly, if you
Part 4:		mounts for Each Type of Un					
	he amounts of f unsecured cla		ns. This information is for statistical r	eporting	g purposes only. 28	U.S.C. §159. Add t	he amounts for each
					Total (Claim	
Total	6a.	Domestic support obligations		6a.	\$	0.00	
claims		Tanaa and aastalia athan dabta		CI-	•		
from Pai	rt 1 6b. 6c.	Taxes and certain other debts	you owe the government njury while you were intoxicated	6b. 6c.	\$	0.00	
	6d.	•	cured claims. Write that amount here.	6d.	\$	0.00	
						0.00	\neg
	6e.	Total Priority. Add lines 6a thro	ugh 6d.	6e.	\$	0.00	
					Total (Claim	
	6f.	Student loans		6f.	\$	0.00	
Total claims							
from Par	rt 2 6g.		paration agreement or divorce that	C	c	0.00	
	6h.	you did not report as priority of Debts to pension or profit-sha	laims ring plans, and other similar debts	6g. 6h.	\$ \$	0.00	
		,	<u> </u>				

Entered 11/21/19 12:29:55 Case 19-31896 Doc 9 Filed 11/21/19 Desc Main Document

Page 13 of 19 Case number (if known) Debtor 1 David Wiggins, Sr. 19-31896 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 8,909.37

6j.

8,909.37

Total Nonpriority. Add lines 6f through 6i.

Official Form 106 E/F

			111 1000.140113	
Fill in this inform	ation to identify your	case:		
Debtor 1	David Wiggins, S	r.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number 1	9-31896			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	<u> </u>		<u> </u>		
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
2.4					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.5	- 11				
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

	0430 13 01030	Docume	nt Page 15 o	of 19
Fill in this	s information to identify your			
Debtor 1	David Wiggins, S	r.		
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, fili	ing) First Name	Middle Name	Last Name	
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case num	19-31896			☐ Check if this is an amended filing
Officia	ll Form 106H			
Sched	dule H: Your Cod	ebtors		12/15
1. Do No Yes 2. With Arizor No Yes 3. In Co in line	shin the last 8 years, have you ha, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spouts. Iumn 1, list all of your codebte 2 again as a codebtor only is	you are filing a joint case, on lived in a community property. Nevada, New Mexico, Puruse, or legal equivalent live ors. Do not include your fithat person is a guaran	operty state or territory erto Rico, Texas, Washi with you at the time?	y? (Community property states and territories include
	olumn 2.	Point 100E/F), or Sched	ule G (Official Form 10	ooj. Ose Schedule D, Schedule E/F, of Schedule G to III
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Number Street City	State	ZIP Code	☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line
3.2	Name			☐ Schedule D, line ☐ Schedule E/F, line ☐ Schedule G, line ☐ Schedule G, line
-	Number Street City	State	ZIP Code	_

Case 19-31896 Doc 9 Filed 11/21/19 Entered 11/21/19 12:29:55 Desc Main Document Page 16 of 19

							_					
Fill	in this information to iden	itify your ca	se:									
Del	otor 1 Dav	∕id Wiggir	ns, Sr.			_						
1 -	otor 2					_						
Uni	ted States Bankruptcy Co	ourt for the:	NORTHERN DISTRIC	T OF ILLINOIS								
Cas	se number 19-3189	6					Chec	k if this is				
(If kr	nown)						ПΑ	n amende	ed filir	ng		
											g postpetition Ilowing dat	on chapter te:
0	fficial Form 100	<u>6l</u>					M	IM / DD/ `	/YYY	-		
S	chedule I: You	ır Inco	ome									12/1
sup spo atta	as complete and accurate plying correct informations. If you are separate that a separate sheet to the describe Employers.	on. If you a d and you his form. C	are married and not filing site.	g jointly, and your s th you, do not include	pouse i le infori	is liv mati	ing with on about	you, incl	ude i ouse.	nform	nation abo re space i	ut your s needed,
1.	Fill in your employment information.	nt		Debtor 1				Debtor 2	2 or n	on-fil	ing spous	e
	If you have more than o		Empleyment status	☐ Employed				☐ Empl	oyed			
	attach a separate page information about additi employers.		Employment status Occupation	■ Not employed				□ Not e	mplo	yed		
	Include part-time, seaso self-employed work.	onal, or	Employer's name									
	Occupation may include or homemaker, if it appl		Employer's address									
			How long employed th	nere?								
Par	t 2: Give Details A	Shout Mon						_				
Esti	mate monthly income as use unless you are separa	s of the da	•	ou have nothing to re	port for	any	line, write	\$0 in the	spac	e. Inc	lude your r	non-filing
-	u or your non-filing spous e space, attach a separat			mbine the information	for all e	empl	oyers for	that perso	on on	the lir	nes below.	If you need
							For Dek	otor 1			otor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$		0.00	\$_		N/A	A
3.	Estimate and list mon	thly overti	me pay.		3.	+\$		0.00	+\$		N/A	<u>A</u>
4.	Calculate gross Incom	ne. Add lin	e 2 + line 3.		4.	\$		0.00		\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Case 19-31896 Doc 9 Filed 11/21/19 Entered 11/21/19 12:29:55 Desc Main Document Page 17 of 19

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income No.	Deb	tor 1	David Wiggins, Sr.	_	Case	number (if known)	19-31	896		
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary contributions 5c. Voluntary contributions					Foi	Debtor 1				
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. Required repayments of retirement fund loans 5c. Social Security 5c. Insurance 5c. Social Security 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Social Security 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6c. \$0.000 \$ NI/A 6c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly path locens. 8d. National for fam. Subtract line 6 from line 4. 8d. Social Security 8a. Social Security 8b. Social Security 8c. Soc		Cop	by line 4 here	4.	\$_	0.00	\$		N/A	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Social Security 5c. Required repayments of retirement fund loans 5c. Social Security 5c. Insurance 5c. Social Security 5c. Insurance 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Domestic support obligations 5c. Social Security 5c. Social Security 5c. Social Security 5c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6c. \$0.000 \$ NI/A 6c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7c. Calculate total monthly path locens. 8d. National for fam. Subtract line 6 from line 4. 8d. Social Security 8a. Social Security 8b. Social Security 8c. Soc	5.	List	all payroll deductions:							
55. Mandatory contributions for retirement plans 5c. 50.00 \$ N/A	٠.			5a	\$	0.00	\$		NI/A	
5.5. Voluntary contributions for retirement plans 5.6. Required repayments of retirement fund loans 5.6. Insurance 5.6. Insurance 5.6. Insurance 5.7. Domestic support obligations 5.8. Into dues 5.9. Union dues 5.0. Other deductions. Specify: 5.0. Add the payroll deductions. Add lines 5a+5b+5c+5c+5d+5e+5f+5g+5h. 6. \$ 0.000 \$ NI/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.000 \$ NI/A 8. List all other income regularly received: 8. Nich income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income. 8. Interest and dividends 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. List all other income means that you regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Dependent of the property settlement. 8. Social Security 8. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps, (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8. Specify: 8. Social Security Shape of the supplemental Nutrition Assistance Program or housing subsidies. Specify: 8. Ni/A 9. Add all other regular contributions to the expenses that you list in Schedule J. Include contributions on an unmarried partner, members of your household, your dependents, your roommales, and other friends or relatives. 10. Do you expect an incre			· · · · · · · · · · · · · · · · · · ·							
56. Required repayments of retirement fund loans 56. Insurance 56. Insurance 57. Domestic support obligations 57. Domestic support obligations 58. N/A 59. Union dues 59.										
5e. Insurance 5f. Domestic support obligations 5f. \$ 0.000 \$ N/A 5g. Union dues 5g. \$ 0.000 \$ N/A 5g. Union dues 5g. \$ 0.000 \$ N/A 5g. Union dues 5g. \$ 0.000 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly received: 8c. Family support payments that you, a non-filling spouse, or a dependent regularly received: 8c. \$ 0.00 \$ N/A 8c. Family support payments that you a non-filling spouse, or a dependent regularly received include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. Unemployment compensation 8d. Social Security 8e. \$ 0.000 \$ N/A 8e. \$ 0.000 \$ N/A 8e. Social Security 8e. \$ 1,405.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 9 \$ 2,908.00 \$ N/A 11. +\$ 2,908.00 12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 13. Do you expect an increase or decrease within the year after you file this form? 14. The result is the combined monthly income. 15. Write that amount on the Burmany of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies. 16. \$ 0.000										
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5h. Other deductions. Specify: 5h. 4\$ 0.00 + \$ N/A Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 11. State all other income. Add line 7 + line 9. Add the entries in line 10 for Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and		5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	
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7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm. Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include each assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. ★\$ 0.000 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income monthly income. 13. Do you expect an increase or decrease within the year after you file this form?		5h.	Other deductions. Specify:	5h.+	- \$_	0.00	+ \$		N/A	
8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8c. \$ 0.00 \$ N/A 8e. Social Security 8c. \$ 1,405.00 \$ N/A 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other finefieds or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 2,908.00 Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	. \$		N/A	
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$		N/A	
monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ N/A 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A 8e. Social Security 8e. \$ 1,405.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Specify: 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income.	8.		Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross							
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regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. \$ 0.00 \$ N/A 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 Combined monthly income. Write that amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income.		8b.	Interest and dividends	8b.	\$	0.00	\$		N/A	
8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8g. Pension or retirement income 8h. \$ 0.00 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No. Do you expect an increase or decrease within the year after you file this form?		8c.	regularly receive Include alimony, spousal support, child support, maintenance, divorce		\$	0.00	\$		N/A	
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8g. \$ 1,503.00 \$ N/A 8h. Other monthly income. Specify: 8h. \$ 0.00 \$ N/A 8h. \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8d.			· · —					
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify: 8h. + \$ 0.00 \$ N/A 8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.		8e.		8e.	\$		\$	-	N/A	
8h. Other monthly income. Specify: 8h. + \$ 0.00 + \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 2,908.00 \$ N/A 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income. 13. Do you expect an increase or decrease within the year after you file this form? 14. O.00 Combined monthly income		8f.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		\$	0.00	\$		N/A	
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10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income No.		8h.	Other monthly income. Specify:	8h.+	• \$_	0.00	+ \$		N/A	
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Specify: 13. Do you expect an increase or decrease within the year after you file this form? No.	9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,908.00	\$		N/A	<u> </u>
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income No.	10.		· · · · · · · · · · · · · · · · · · ·	10. \$		2,908.00 + \$		N/A =	\$	2,908.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 2,908.00 Combined monthly income No.	11.	Incl othe Do	ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not	depen		•				0.00
13. Do you expect an increase or decrease within the year after you file this form? ■ No. monthly income	12.	Writ	te that amount on the Summary of Schedules and Statistical Summary of Certain					12.	\$	2,908.00
■ No.	10	D-	you expect an increase or degrees within the year after you file this form	2				_		
	13.		•	ſ						

Official Form 106l Schedule I: Your Income page 2

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Fill	in this informa	tion to identify yo	our case:			1		
Deb		David Wiggi				Chec	ck if this is:	
Deb	tor 2						An amended filing A supplement show	ving postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	
Unit	ed States Bankr	ruptcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS	-	MM / DD / YYYY	
	e number 19	9-31896						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/1
Be a	as complete a	and accurate as	possible.	If two married people ar ch another sheet to this				
Par		ibe Your House	hold					
1.	Is this a joir No. Go to							
			in a separ	ate household?				
	□N	-						
	ПΥ	es. Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses o	oenses include f people other t d your depende	han $_{oldsymbol{\sqcap}}$	No Yes				1 103
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses				
exp				uptcy filing date unless y y is filed. If this is a supp				
				government assistance i				
(Off	ficial Form 10	06I.)					Your exp	enses
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgag	e 4. \$	S	662.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$	3	170.00
	•	rty, homeowner's				4b. \$		67.00
				ipkeep expenses		4c. \$		30.00
5.		owner's associat nortgage paym		oominium dues our residence, such as ho	me equity loans	4d. \$ 5. \$		0.00

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Debtor 1 David Wigg	gins, Sr.	Case numb	er (if known)	19-31896
6. Utilities:				
	eat, natural gas	6a.	\$	280.00
•	r, garbage collection		\$	42.00
	ell phone, Internet, satellite, and cable services	6c.		20.00
6d. Other. Specif	•	6d.		0.00
Food and houseke			\$ 	400.00
	dren's education costs	8.	\$ 	
			\$ \$	0.00
Clothing, laundry,	· · · · · · · · · · · · · · · · · · ·		*	40.00
). Personal care pro			\$	200.00
Medical and denta	•	11.	\$	50.00
	clude gas, maintenance, bus or train fare.	12.	\$	100.00
Do not include car p		13.		
	ibs, recreation, newspapers, magazines, and books		·	0.00
	utions and religious donations	14.	Φ	0.00
5. Insurance.	ronge deducted from your pay as included in lines 4 = 00			
	rance deducted from your pay or included in lines 4 or 20.	150	c	00.00
15a. Life insuranc		15a.		90.00
15b. Health insura		15b.		0.00
15c. Vehicle insur		15c.		50.00
15d. Other insurar		15d.	\$	0.00
	ide taxes deducted from your pay or included in lines 4 or 20.		•	
Specify:		16.	\$	0.00
7. Installment or leas			_	
17a. Car payment		17a.		0.00
17b. Car payment		17b.	·	0.00
17c. Other. Specif		17c.	*	0.00
17d. Other. Specif	fy:	17d.	\$	0.00
3. Your payments of	alimony, maintenance, and support that you did not repo	rt as	_	0.00
	ur pay on line 5, Schedule I, Your Income (Official Form 1	061). 18.		0.00
 Other payments year 	ou make to support others who do not live with you.		\$	0.00
Specify:		19.		
	y expenses not included in lines 4 or 5 of this form or on			
20a. Mortgages or	n other property	20a.	\$	0.00
20b. Real estate to	axes	20b.	\$	0.00
20c. Property, hor	meowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance	, repair, and upkeep expenses	20d.	\$	50.00
	s association or condominium dues	20e.	\$	0.00
. Other: Specify:	Car repair/maint/tags	21.	+\$	40.00
- Sincin Opcony.	oai ropaii/iliailiviago		· *	70.00
2. Calculate your mo				
22a. Add lines 4 thr	•		\$	2,291.00
22b. Copy line 22 (r	monthly expenses for Debtor 2), if any, from Official Form 106	J-2	\$	
22c. Add line 22a a	nd 22b. The result is your monthly expenses.		\$	2,291.00
	• • •			_,
Calculate your mo				
23a. Copy line 12	(your combined monthly income) from Schedule I.	23a.	\$	2,908.00
23b. Copy your m	onthly expenses from line 22c above.	23b.	-\$	2,291.00
		Г	-	•
23c. Subtract you	r monthly expenses from your monthly income.		•	047 00
	your monthly net income.	23c.	\$	617.00
	increase or decrease in your expenses within the year aft			
	expect to finish paying for your car loan within the year or do you expect	ct your mortgage p	ayment to incre	ease or decrease because of
modification to the ten	rns or your mortgage?			
■ No.				
☐ Yes. E	xplain here:			